

TRANSMITTAL FORM

Attorney Docket No.

RAL920000115US1/1971P

In re the application of: **Randal Lee BERTRAM, et al.**

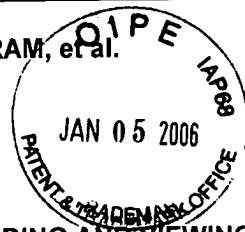
Confirmation No: 4490

Serial No: 09/840,400

Group Art Unit: 2141

Filed: April 23, 2001

Examiner: Kang, Paul H.

For: **METHOD AND SYSTEM FOR PROVIDING AND VIEWING PERFORMANCE ANALYSIS OF RESOURCE GROUPS**

ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group	
	<input type="checkbox"/> After Final	<input checked="" type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Replacement Drawings	<input type="checkbox"/>	Status Letter	
	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard	
<input type="checkbox"/>	Extension of Time Request *	<input checked="" type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):	
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer			
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers			
<input type="checkbox"/>	Response to Incomplete Appln	<input checked="" type="checkbox"/>	Change of Correspondence Address			
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .				
	<input type="checkbox"/> Executed Declaration by Inventor(s)					

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	Fee
Total Claims	14	20	0	\$50.00	\$ 0.00
Independent Claims	3	3	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$ <u>1700.00</u> to Deposit Account No. <u>50-0563</u> (IBM Corporation) for payment of fees. Issue Fee \$1400.00; Publication Fee \$300.00
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	December 22, 2005